

## Appendix 3 a

# PROJECT/FACILITY SAFETY REVIEW QUESTIONNAIRE

Project Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

PI or Project Leader: BG \_\_\_\_\_ or Project No. \_\_\_\_\_

1. Which best describes this project/facility (number in sequence if more than one applies)?

- ☐ computation or theory      ☐ hardware design, fabrication, or testing  
☐ experimental work at LBL ☐ off-site work (where?) \_\_\_\_\_

2. Staffing (FTE): \_\_\_\_\_ Div. Staff : \_\_\_\_\_ GSRA's \_\_\_\_\_ Other LBL (matrixed) \_\_\_\_\_ Guests

3. What building(s) and room(s) does this project/facility occupy? \_\_\_\_\_

4. Does this project/facility need/have **Activity Hazard Document**? ☐ yes ☐ no ☐ don't know

**Radiological Work Authorization**? ☐ yes ☐ no ☐ don't know

**Sealed Source Authorizations**? ☐ yes ☐ no ☐ don't know

5. Does this project currently have other **Safety Documents**, or **Environmental Permits**?

☐ yes ☐ no ☐ don't know.

6. Which of the following hazards apply to this project? (check all that apply):

- ☐ Compressed gas  
☐ Chemical hazards (e.g. toxic, carcinogenic, caustic, explosive)  
☐ Electrical (including stored energy)  
☐ Fire (flammability) hazards  
☐ Radiation hazards (sealed sources, isotopes, X-ray sources, work at accelerators)  
☐ High voltage or High current (add description) \_\_\_\_\_  
☐ High pressure gas or fluid ( $\geq 150$  psi gas,  $\geq 1500$  psi liquid)  
☐ Laser (class 3 or 4)  
☐ High or low temperatures (e.g. heated device or cryogenic fluid)  
☐ Heavy objects (requiring crane or other moving equipment)  
☐ High power RF fields (add field strength) \_\_\_\_\_  
☐ Possible oxygen deficiency or confined space  
☐ Bio-hazards (BSL 2, 3, or 4)  
☐ Possible Environmental Impacts  
☐ Ergonomics (e.g. VDT's, extensive keyboard use, back injury hazards)  
☐ Personal Protection Equipment (e.g. ear protectors, respirators, gloves)  
☐ Work from heights

7. Give a short listing of safety measures taken to reduce the risks associated with the hazards indicated in #6 above (e.g. interlocks, gas detectors, safety reviews, training, etc.).

\_\_\_\_\_

8. Name of designated safety contact person for the project/facility? \_\_\_\_\_

9. Will this project generate hazardous waste? ☐ yes ☐ no

10. If hazardous waste will be generated, provide the following information:

Type of waste: \_\_\_\_\_ Annual Amount: \_\_\_\_\_

Location of SAA (Building & Room): \_\_\_\_\_

Signature of Project Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Division Safety Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Referred/Reviewed by EH&S Professionals \_\_\_\_\_ Date: \_\_\_\_\_

(as applicable)